

Case Number:	CM15-0162172		
Date Assigned:	08/28/2015	Date of Injury:	06/14/2013
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 6-14-13. The injured worker has complaints of neck issues and has a lot of spasm. The documentation noted examination continues to have spasm about the cervical spine and has pain with rotation and trapezial spasms. The injured worker has area of point spasm over the right trapezial area measuring 2 x 3 cm with radiation to bilateral shoulders and stiffness of the neck and shoulder. The diagnoses have included cervical spondylosis without myelopathy and lumbosacral spondylosis without myelopathy. Treatment to date has included physical therapy. The request was for acupuncture 2 times a week for 2 weeks, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 2 times a week for 2 weeks, cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The UR determination of July 24, 2015 certified 4 Acupuncture sessions for treatment of the cervical and lumbar spine regions to be applied concurrently. The patients past history of care did not include Acupuncture management. The initial request for care was for 2x6 Acupuncture care to both the neck and lower back of which CAMTUS Acupuncture Treatment Guidelines support an initial trial of care, 3-6 sessions. The UR determination to certify Acupuncture care from 12 sessions to the reviewed 4 sessions is consistent with reviewed records and the CAMTUS Acupuncture Treatment Guidelines.